

2010 GRANT APPLICATION

Attention parents and others who serve persons with autism in Connecticut, the Board of Directors of the Autism Society of Connecticut (ASCONN) is accepting applications for grants up to \$1,000.00 per grant for parents, family members, persons with autism, or anyone working with persons on the autism spectrum.

Funds must be used to purchase items or services that directly relate to the safety and security of persons with autism or their families within Connecticut. Examples of appropriate items, activities or services include:

- Purchasing of safety equipment for a home (i.e.: fence, key locks, window alarms and other safety equipment)
- Purchasing of safety equipment for a person with autism (i.e.: ID bracelet, tracking bracelet or equipment);
- Purchasing of safety equipment for other community places serving persons with autism (i.e.: fence, key locks, alarms, walkie-talkies, other safety equipment);
- Purchasing of specialty car seats, strollers, head gear and other equipment;
- Training of personnel (within the home or other community places serving persons with autism) in proper physical management techniques;
- Training of community responders about autism.

TO APPLY FOR A GRANT

Fill out the application providing complete and specific information including:

1. A full description of the item or activity you wish to have funded. Requests that are not specific will not be funded. If possible, attach photographs, brochures, catalog descriptions, course or seminar descriptions. Please indicate whether this is a new item or repair or retrofit of an existing item.
2. An explanation of how your request will directly benefit a person with autism or their family within Connecticut.
3. The total cost for the activity or service. If the total cost is greater than the grant being requested, please also include a description of other funding sources and whether that funding has been secured.

ADDITIONAL INFORMATION

1. Please note that ASCONN will either pay the grant monies directly to the provider of the service or item or will require verification of expenditures through receipts before reimbursement.
2. No more than one grant application will be accepted from an individual applicant or family.
3. Grant recipients agree to provide ASCONN with follow up information regarding the services or items purchased with grant monies upon request.
4. Recipients of previous grants must wait one year before applying for an additional grant.



**AUTISM SOCIETY OF CONNECTICUT
GRANT APPLICATION 2010**

Please print clearly. Attach a **one page description** of your request and how your request will directly benefit persons with autism or their families in Connecticut. Include all requested information. Incomplete grant applications cannot be reviewed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

e-mail: _____

Are you a

- ☐ family member of a person with autism
☐ therapist
☐ person with autism
☐ other _____

If you are serving persons with autism:

Name of organization, agency or program: _____

Address: _____

Amount Requested: \$ _____ (\$1,000 maximum)

Please attach a one page description of how the funds will be used and how that will directly benefit or impact persons with autism within Connecticut or their families.

Please also attach any brochures, catalogues or other descriptions of the items or services to be purchased. Please indicate whether the grant request is for a new item, repair or retrofit of an existing item or reimbursement for an item previously purchased.

Incomplete applications will not be considered. Due to the number of applications received, acknowledgment of applications will not be sent.

All applications must be RECEIVED by 5:00 p.m., Friday June 4, 2010.

Grants will be awarded on or about September 1, 2010.

Recipients will be notified of grant approval in writing.

Due to the number of applications received, only recipients will be notified.

Mail completed applications to:

Autism Society of Connecticut
P O Box 1404
Guilford, CT 06437-1404
Attention: Mini Grant Program

Questions concerning this grant should be directed to Sara Reed, Mini-Grant Coordinator, at 888.453.4975 or or e-mail ASCONN@sbcglobal.net.